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ABSTRACT

Presented is the script for two slide showings on staff orientation, training, and role in early childhood educational programs for aurally handicapped children in Minnesota. The first slide presentation consists of 63 slide commentaries on implementation and evaluation of the Minnesota staff training program. Representative commentaries concern intervention on the family and school levels, parent participation, individually prescriptive oral and aural programs, use of aides in stimulation of residual hearing, inductive approach to learning, and classes for deaf blind children. The second presentation contains 47 slide commentaries on the coordination of a statewide staff training program and is designed for three audiences of professionals and nonprofessionals serving the preschool child and his parents, parents, and allied resource specialists in health, education, and welfare. Selected slide commentaries focus on various educational projects and conferences for concerned adults, state meeting conference, parent counseling techniques, and sequential program of auditory training. An informal evaluation of the training program indicates that the program has been influential in increasing professional and public interest and action in early childhood education programs for the aurally handicapped. (CB)

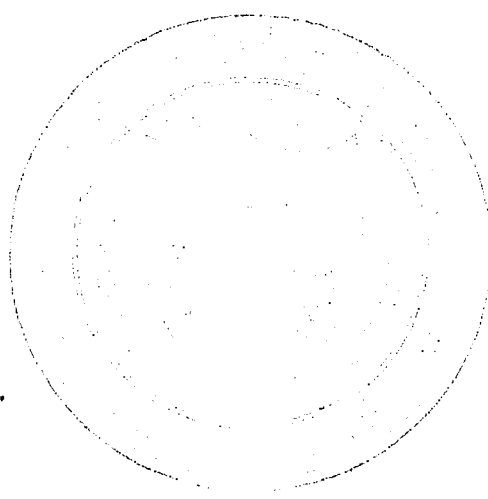
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STAFF TRAINING

EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN



THE DEPARTMENT OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN



A PROTOTYPE

A PUBLICATION OF:
Staff Training of Exemplary Early Childhood
Education Centers for Handicapped Children

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PROJECT NUMBER OEG-0-70-4815(603)

THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers
for Handicapped Children

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P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

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STAFF TRAINING ON A

STATE-WIDE BASIS

by

Winifred Northcott

Vol. II No. 1.

Project Director.
Exemplary Preprimary Program for Hearing-Impaired Children, 0-6,
and their Parents
Special Education Section State Department of Minnesota

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Staff Training on a State-Wide Basis

Staff training is an amorphous phrase which covers a range of activities from formal lectures and workshops to insights shared in casual meetings in a school hallway. It carries the implied assumption of a participant's capacity for change as appropriate and the goal of increased learning among children through an improved learning environment at home and in school. Through opportunities for increased association, it encourages new alignments of individuals and institutions serving the preschool handicapped child.

An inventory of realities in Minnesota reveals that at the time of the planning grant award in July, 1969, there was a lack of

1. An active professional organization within the state providing a forum for discussion of topics relating to preschool handicapped children
2. A state plan mandating regionalization of services
3. Available staff outside the metropolitan areas to serve the preschool hearing-impaired child
4. The smooth flow of diagnostic reports to education authorities
5. An unevenness of pickup of responsibility for educational programming
6. Commitment on the part of the University and state colleges to interdisciplinary coursework addressing to the preschool handicapped child and his family.

This diagnosis led to the design of the UNISTAPS organizational structure as well as to the delineation of objectives for parents,

children and staff which in turn governed implementation and evaluation of the subsequent staff training program.

Introduction: (Slide 1)

A 1967 amendment to the Special Education laws of Minnesota permits a local school district to provide directly or through contract with another district, special instruction and services to handicapped children below school age. To date, allocation of state aids is limited solely to those preschool children who are hearing-impaired.

Slide 2: The State Board of Education approved Guidelines for implementation of preschool programs for the hearing-impaired, in April 1968.

Slide 3: The term "preschool" is defined by the Guidelines as "the span of years beginning at birth, or as soon as the diagnosis of hearing loss has been established, until age four when mandatory local school district responsibility begins."

Slide 4: The July 1969 award of a planning grant to the State Department of Education, Special Education Section, for the design and development of the UNISTAPS Exemplary Preschool Program for Hearing-Impaired Children, 0-4, and their Parents was timely. It helped stamp out M.A.F.A. (mistaking activity for achievement). During the 1968-69 academic year, 267 hearing-impaired children from 7 months to four years of age and their parents, residing in 67 different school district, received public school educational services. Seventy-five of these hearing-impaired children were enrolled in private nursery schools for hearing children with tuition paid for by the local school district and supported by state aids. Title

VI (ESWA) provided "seed monies" for the initiation of 5 regional programs in the state.

The acronym UNISTAPS refers to the University of Minnesota, State Department of Education and Minneapolis Public Schools. It describes the formal utilization of resources and selected personnel from each as members of a state-wide Advisory Committee appointed by the Commissioner of Education. The Committee meets periodically to address to modification and expansion of the diagnostic, educational and evaluative components of the laboratory located in the Minneapolis Public Schools and to staff training needs outstate.

Slide 5: The Project objectives include the development of the preprimary service matrix in the Whittier, Hamilton and Emerson Schools of Minneapolis and the replication of appropriate components in individual or regional programs outstate.

Slide 6: The Project Director serves as Staff Training Coordinator and director of workshops, parent institutes and professional growth experiences for personnel throughout the state who serve the preprimary hearing-impaired child and his family.

Slide 7: (1) The extensive implementation of the Project objectives relating to demonstration and staff training outstate is due to the harmony in coordination, consultation, and cooperation between the Coordinator of Programs for the Hearing-Impaired (0-21) in Minneapolis Public Schools and the Project Director.

Slide 8: Two successive levels of intervention are involved. The Family-Oriented, Home-Centered Infant program for the 0-3½ group and the Child-Centered, School-Oriented Program for the 3½-6 year olds.

Slide 9: The comprehensive preprimary program for children to age 6 in the Minneapolis Public Schools addresses to their parents as well.

Slide 10: Parent participation ranges from individual and group guidance sessions and parent education program to membership on the Advisory Committee and attendance at statewide workshops for parents.

Slide 11: Prior to September of 1970, two parent counselors and a school social worker and a half-time audiologist were the sole staff of the infant program which served 75 families throughout the year 1968-1969 (due to the rubella epidemic of 1965) and 31 families and infants to age 4 during 1969-1970. Presently, the operational grant has been expanded to include the 4 and 5 year olds in the regional laboratory schools of Minneapolis. The present staff serving the preprimary children 0-6 has expanded from 16 to 23. The interdisciplinary team members have excellent professional credentials and enthusiasm for their coordinated efforts.

Slide 12: An individually prescriptive oral and aural program is designed for each infant and his family. The schedule of visits, the nature of auditory and linguistic stimulation and the amount of individual and group therapy and support of parents is dependent upon the child's functional use of residual hearing, the intellectual and social ability of the child and the relationship between parent and child.

Slide 13: The objectives for children address to affective learning as well as to the dependence upon oral language as a normal means of communication. It is expected that the dynamic use of residual hearing will contribute to increased comprehension of language and improved voice quality and inflections.

Slide 14: The parent teaching program in the demonstration home setting at Whittier School (Title VI funds enabled the conversion of two classrooms to efficiency living-room kitchen combinations) is supplemented by individual and group discussion and parent education.

Slide 15: Mothers' meetings require a variety of discussion leaders.

Slide 16: On a myriad of topics requested by them, with individual counseling support as needed.

Slide 17: The kitchen is a natural setting for practical guidance!

Slide 18: "Fathers Only" meetings are on Saturdays.

Slide 19: For theory and practice.

Slide 20: Grandmothers meet separately a few times a year.

Slide 21: They have their own biases to air and discard.

Slide 22: Parent education meetings are held in the evenings, and home visitation is made in the case of a family where additional support and supplemental social services are needed.

Slide 23: Parents are the first pupils - with children in tow.

Slide 24: The triangulation of parent, child and counselor is central to the educational design of the infant program.

Slide 25: For visual and auditory stimulation.

Slide 26: Initially, (moving into the kitchen at Whittier School) the parent counselor demonstrates a specific activity accompanied by well-inflected language and the parent observes.

Slide 27: Gradually the mother assumes the lead role while the counselor monitors her use of environmental sounds and the appropriateness of her language and the inflectional patterns. Then there is time for questions about child management problems and reports on progress in the development of communication skills, while the child plays and aide provides auditory and linguistic stimulation.

Slide 28: There is payoff all around!

Slide 29 and 30: Aides are valuable in stimulating the use of residual hearing in connection with child-centered activities.

Slide 31: Placement in a nursery school for hearing children is a popular option. In this setting, a hearing-impaired child is surrounded by natural language with bold inflectional patterns presented at his eye level and interest level.

Slide 32: Acceptance is on the basis of mutual interest, not hearing.

Slide 33: The educational program for the 3½-6 year olds varies. It may mean continued placement in a hearing nursery supplemented by individual

auditory and language teaching. Another more common option is assignment to a self-contained class for the hearing-impaired on a half-day basis for 4 and 5 year olds.

Slide 34: An aide is assigned to each room under the direct supervision of a teacher of the hearing-impaired.

Slide 35: The emphasis is upon an inductive approach to learning through natural interest centers of learning that encourages child-initiated verbal interaction with a teacher or aide. Ratio: 5 ch= 1 tr, 1 aide.

Slide 36: Hats are for fun - and language.

Slide 37: So is role-playing.

Slide 38: And the internalization of language related to "dressing up." Each experience contributes to the stimulation and integration of knowledge acquired through thinking and reasoning.

Slide 39: Touching and knowing lizards.

Slide 40: And iguanas.

Slide 41: Provides the experiential basis for abstracting the criterial attributes of the concept "pet" and the motivation for subsequent labelling.

Slide 42: And listening, as well.

Slide 43-47: Through physical and social contact with his environment, the hearing-impaired child is motivated to think, to reason, to integrate and store information for future use.

Slide 48: Future recall and self-expression is encouraged through role playing.

Slide 49: Play-learning also stimulates recognition of thoughts in printed form.

Slide 50: And encourages the development of auditory memory.

Slide 51, 52: Experience and encourage listening skills and expose children to interesting structural language.

Slide 53, 54, 55: Self-expression through manipulation of various art forms is also encouraged.

Slide 56 - 60: Language and speech are also stimulated and reinforced through beginning reading, writing, and number concepts. Reinforcement is self-pacing. There is concern for the rhythm, rate and fluency of speech as well.

Slide 61: A class for the multihandicapped and another for deaf-blind youngsters rounds out the preprimary program.

Slide 62: Parent conferences, home visitation and group meetings encourage the transfer and maintenance of educational gains through home stimulation.

Slide 63: It is felt that provision for experiences in trial and error and discovery at the preprimary level has survival value for the development of coping strategies and problem-solving skills. Social competence, pride in work well done, and personal satisfaction would seem to be the permanent benchmarks of early educational intervention.

Slide 36: The First Parent Interview - presented by the Project Director.

The audience critiqued a video-tape on the same subject.

Evaluation: Much use is made of microteaching as a technique of self-appraisal by a mother who watches a short play-back of her interaction with her child in an experimental setting. The counselor selects two or three interaction behaviors for emphasis and modification of parental behavior. They may be:

1. Inflectional patterns
2. Syntactic level of child
3. Length of visual attention span
4. Use of auditory clues
5. Comfort level of parent and child. "We really ARE having fun," observed one mother. "Gee, I'm getting fat," remarked another. This videotaping provides a cumulative record of performance of mother and child and substance for subsequent parent guidance.

Area II. A Sequential Program of Auditory Training

Slide 37: The effect of aided hearing upon hearing and listening performance.

Slide 38: Translation of audiometric findings to educational prescription.

Area III. Evaluation

Slide 39: The director of programs on deafness at the University of Minnesota addressed to the writing of behavioral objectives for the 0-4 group, their parents and staff. Each teacher is now writing individual behavioral objectives for each child and designing activities to support them.

1970 - 1971

The population was expanded to include 4 and 5 year old hearing-impaired children in the exemplary preprimary program in Minneapolis Bi-monthly inservice meetings have addressed to:

Slide 40: The use of media in the preprimary program

Slide 41: A report on attendance at the Summer Institute at C.I.D.

Area I. Auditory Training

Slide 42: There is continued focus upon the knowledge and techniques relating to design of a sequential program of auditory training activity.

Slide 43: An individually designed educational prescription for each child in the development of auditory attention, discrimination and auditory memory.

Area II. Evaluation

Slide 44-45: The cyclic process of evaluation is described in the State Plan for preschool hearing-impaired children.

Slide 46: Evaluation of a child's progress is determined by means of:

1. Standardized testing and objective measurement
2. Clinical observation and anecdotal description
3. Developmental log and time samples
4. Comparative video-taping

By way of practical application of the above, weekly report sheets were designed by the Minneapolis staff (see hand-out) and a bank of video tapes

is being developed for comparative evaluation of each child's progress as of September 1970 and again in May, 1971.

Slide 47: Finally, during the summer of 1970 two writing teams developed the first draft of curriculum guidelines for the 0-3½ group and primary children, 3½-6.

SUMMARY

How does one "prove" that early educational intervention is beneficial? That staff training makes a difference in attitudes, skills, and behaviors of teachers in the classroom and in support of parents? What of the empirical evidence of the effectiveness of the staff training component of the UNISTAPS Project?

Statewide

1. During the past year, in only two instances of early identification did the district of residence refuse to initiate or contract for provision of a public school program for the child and his parents. Payment of tuition to a private nursery school for attendance by a hearing-impaired child is a routine component of educational service.
2. There has been an increase in the number of preprimary hearing-impaired children returning to their local district with support services provided by a speech and language therapist oriented to their problems.
3. A reported increase in utilization of existing community resources by parents and professionals.
4. Although the state professional meetings were held on Saturdays and participants paid their own expenses, the attendance figures were nearly

double that at previous institutes held two years previously when stipends were paid.

5. Increased interface among agencies relating to the preprimary hearing-impaired child through advisory committee meetings and invitations as guest lecturer.
6. Increase in newspaper articles devoted to early educational intervention for the hearing-impaired. Three feature articles in the Minnesota Education Report (State Department of Education publication).
7. Increased requests and circulation of video-tapes of guest lecturers and demonstrations as staff training tool outstanding.
8. Leadership role assumed by Special Education Regional Consultants in apprising local education agencies of existing special education laws and participating in design of appropriate programming for preprimary hearing-impaired children.

Within the Exemplary Preprimary Program
(Laboratory or Service Matrix of UNISTAPS Project)

1. A noticeable spirit of inquiry and sharing. A reflective attitude "What went wrong? How can I do it better?" Excerpt from one teacher's evaluation sheet, "I feel more secure this year ... having a team to use as resources for help for my parents, children and myself makes me analyze more realistically what I don't know and where to go for support."
2. The Coordinator of Programs for the Hearing-Impaired has extended the 1/2 day, 5 day a week program downward from age four to include 3½ year old children as a result of maturity and utilization of residual hearing gained in the Infant Program.

3. There is greater internal consistency among the Minneapolis staff as a result of the development of a unified curriculum, 0-6, and role definition and expansion for each member of the interdisciplinary team serving the child and his family.
4. Reported increase in attendance at group parents' meetings. A decrease in the number of unmet parent appointments.
5. Report of fewer expressions of dissatisfaction among parents concerning differences in the amount and type of educational programming, one child to mother.

The jury is still out and the list of deficiencies in staff training in the UNISTAPS Project would be grist for a second lecture. It is possible some problems are insoluble or that our approach and answers may subsequently be judged in error in light of as yet unknown research findings and clinical observations.

In summary, I think of what a parent said to a principal at the conclusion of a conference on her troubled son:

That boy ain't all he oughta be
And he ain't what he's gonna be
but he sure ain't what he used ter be either.

So it is with the UNISTAPS staff training program.

THE DEAF-BLIND CHILD:
AT HOME AND IN THE COMMUNITY
CONFERENCE FOR PROFESSIONAL RESOURCE PERSONNEL

October 31, 1969

We would appreciate your reactions to this conference.

A. Please indicate and comment whether you have received information which may prove useful in:

1. Educational programming for a deaf-blind child in your community.
2. Utilization of resources to help a deaf-blind child and his family at the local, state and/or national levels.
3. Providing information with implications for social services helpful in working with any type of seriously handicapped child.

B. What follow-up would you recommend to this conference (check)

- ☐ 1. Area meetings to develop means of coordination between agencies to help handicapped children. Any suggestions for meeting topics?
- ☐ 2. Program visits to Whittier Pre-School Program and/or Minnesota Braille and Sight-Saving School Deaf-Blind Unit.
- ☐ 3. Discussions to determine dimensions of a diagnostic program to evaluate multiple-handicapped children.
- ☐ 4. Other (please specify)

C. Additional Comments

THE DEAF-BLIND CHILD:
AT HOME AND IN THE COMMUNITY
STATE CONFERENCE FOR PARENTS

November 1, 1969

We would appreciate your reactions to this conference.

- A. Has this day helped you to better understand your child? (or tutor a child if you are a teacher)

In what ways?

- B. Would you like any additional meetings planned?

If yes, please indicate any suggestions you might have for a program at future meetings.

- C. Additional comments:

UNISTAP'S MODEL PRESCHOOL CENTER
 State Dept. of Education
 St. Paul, Minnesota 55101
 Winifred Northeatt, Proj. Dir.

CONFERENCE FOR PARENTS OF PRESCHOOL HEARING-IMPAIRED CHILDREN, 0-6

September 19, 1970

PARTICIPATION EVALUATION

CONFERENCE OBJECTIVES: PARENTS

1. Acceptance of feelings and attitudes as adults and parents of a hearing-impaired child
2. Recognition, realistic acceptance and understanding of the nature of their child's hearing loss (and other disabilities, if present)
3. Acquaintance with characteristics of normal preschool growth and development
4. Implications of the sensory defect(s) for all aspects of child growth and development including communication skills
5. Understanding of the stages of language growth in children
6. The parents' role in transfer and maintenance of formal educational gains through home training

PLEASE RATE EACH OF THE SPEAKERS ON HOW VALUABLE THEIR PRESENTATION/SESSION WAS FOR YOU. ADD ANY COMMENTS RELATED TO THE INDIVIDUAL BELOW HIS/HER NAME.

NAMES OF SPEAKERS LISTED	very beneficial		some value		little value
	5	4	3	2	1
	5	4	3	2	1
	5	4	3	2	1
	5	4	3	2	1
	5	4	3	2	1
	5	4	3	2	1

NAMES OF SPEAKERS <small>(PLEASE PRINT NAMES OF ALL SPEAKERS)</small>	FIELD <small>(PLEASE PRINT FIELD)</small>	very beneficial		some value		little value
		5	4	3	2	1
		5	4	3	2	1
		5	4	3	2	1
		5	4	3	2	1

PLEASE CHECK THE STATEMENTS WHICH BEST DESCRIBE THE TOTAL CONFERENCE:

- ☐ Was interesting, stimulating.
- ☐ Presented little new information.
- ☐ A waste of time because it didn't help me as a parent.
- ☐ Gained many new ideas.
- ☐ A good review and refresher.
- ☐ Too much presented in one day.
- ☐ Was valuable meeting and talking with new people.
- ☐ Too little material for the time.
- ☐ Should include only parents; others slipped in.
- ☐ Liked the balance of presentations and questions.
- ☐ Too much lecturing.
- ☐ Not enough time for discussions.
- ☐ Other: specify.

WHAT TOPIC(S) WOULD YOU LIKE FOR A FUTURE PARENT CONFERENCE?

1.

2.

PLEASE CHECK ITEMS WHICH BEST IDENTIFY YOU:

- ☐ Parent of infant hearing-impaired child, 0-3 years
- ☐ Parent of preprimary hearing-impaired child, 4-5-6
- ☐ Parent of multihandicapped child, 0-3 years
- ☐ Parent of multihandicapped child, 4-5-6
- ☐ Teacher, resource specialist, preschool program

CONFERENCE FOR PROFESSIONALS AND PARA-PROFESSIONALS

SERVING THE PREPRIMARY

HEARING-IMPAIRED CHILD AND HIS FAMILY

(September 26, 1970)

GOALS: Developing positive parent attitudes and action which facilitate learning in the preschool child and his family.

Increasing professional competence in the design of an individually prescriptive program of education and related services for the preprimary hearing-impaired child and his family.

OBJECTIVES: Transmission of information relating to

- A. Characteristics of preschool children
- B. Impact of deafness on child development and parent-child interaction
- C. Parent involvement in a public school program; the giving and receiving of information

Keeping the handicap secondary to the total child

- A. Relaxed confidence in serving the child and family
- B. Development of a single standard in behavior management
- C. Development of a team "set" for delivery of educational services

Development of effective professional behavior toward the hearing-impaired preprimary child and his family

- A. Relate comfortably and warmly to child and family
- B. Offer language and auditory stimulation appropriate to the child's interests and maturity
- C. Accept and program for individual differences in children and parents

PLEASE RATE EACH OF THE SPEAKERS ON HOW VALUABLE THEIR PRESENTATION/SESSION WAS FOR YOU. ADD ANY COMMENTS RELATED TO THE INDIVIDUAL BELOW HIS/HER NAME.

(see next page)

GENERAL SESSION

Speaker

very
beneficial

some
value

little
value

5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

SUBSECTION: PARA-PROFESSIONALS

Speaker

5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

SUBSECTION: SPEECH AND LANGUAGE
THERAPISTS: SUPPLEMENTAL TUTORS

Speaker

5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

SUBSECTION: NURSERY-KINDERGARTEN
TEACHERS, NURSES AND SOCIAL WORKERS

Speaker

5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

Please check the statements which best describe the total workshop:

- ☐ Was interesting, stimulating
- ☐ Presented little new information
- ☐ A waste of time because it didn't relate to my work.
- ☐ Gained many new ideas
- ☐ A good review and refresher
- ☐ Too much presented in one day
- ☐ Was valuable meeting and talking with new people
- ☐ Too little material for the time
- ☐ Should include only people doing same type of work
- ☐ Liked the balance of presentations and discussions
- ☐ Should have been broken down into subsections all day long
- ☐ Too much time for discussions
- ☐ Too much lecturing
- ☐ Other, specify.

What topics would you like for future workshops:

Please check items which best identifies your present work:

- ☐ Teacher; supplemental tutor
- ☐ Administrator
- ☐ Supervisor
- ☐ Preschool program for the hearing-impaired
- ☐ Preschool program for regular (hearing) children; kindergarten
- ☐ Speech and language therapist
- ☐ Social worker
- ☐ Nurse
- ☐ Teacher's aide (para-professional)